MDR Tracking Number: M5-04-2396-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5,
Subtitle A of the Texas Labor Code, effective June17, 2001 and Commission Rule 133.305 titled
Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by
Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a
review of the disputed medical necessity issues between the requestor and the respondent. This
dispute was received on 04-01-04.

The IRO reviewed breathing circuit, infusion-DSW, unlisted evaluation, injections: Midazolam,
Hyaluraonidase, Betamethasone, Ketoralac Tromethmine, Ordansetron, Dexamathasone,
Fentanylcitrate and Sodium Chloride rendered on 11-07-03 that were denied based "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor
prevailed** on the **majority** of issues of medical necessity. The IRO determined that Ondansetron,
Dexamathasone and Ketoralac Tromethmine **were not** medically necessary. The IRO determined
that all other items reviewed **were** medically necessary. Therefore, upon receipt of this Order and
in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-
prevailing party to **refund the requestor $650.00** for the paid IRO fee. For the purposes of
determining compliance with the order, the Commission will add 20-days to the date the order
was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with
the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has
determined that **medical necessity was not the only issue** to be resolved. This dispute also
contained services that were not addressed by the IRO and will be reviewed by the Medical
Review Division.

On 06-09-04, the Medical Review Division submitted a Notice to requestor to submit additional
documentation necessary to support the charges and to challenge the reasons the respondent had
denied reimbursement within 14-days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$	Reference	Rationale
11-07-03	A4641	$72.00	$0.00	G		Ingenix HCPCS Level II Code Book	G – Service denied global. This service is global to the primary procedure. The requestor did not submit information to support separate billing for this service. No reimbursement recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$	Reference	Rationale
DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$	Reference	Rationale
11-07-03	A4550	$85.00	$0.00	G		Ingenix HCPCS Level II Code Book	G – Service denied global. This service is global to the primary procedure. The requestor did not submit information to support separate billing for this service. No reimbursement recommended.
11-07-03	A4930	$12.20	$0.00	G		Ingenix HCPCS Level II Code Book	G – Service denied global. This service is global to the primary procedure. The requestor did not submit information to support separate billing for this service. No reimbursement recommended.
11-07-03	A4620	$15.00	$0.00	G		Ingenix HCPCS Level II Code Book	G – Service denied global. This service is global to the primary procedure. The requestor did not submit information to support separate billing for this service. No reimbursement recommended.
11-07-03	A4305	$130.00	$0.00	G		Ingenix HCPCS Level II Code Book	G – Service denied global. This service is global to the primary procedure. The requestor did not submit information to support separate billing for this service. No reimbursement recommended
TOTAL		$314.20	$0.00				Requestor is not entitled to any reimbursement.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 11-07-03 in this dispute.

This Findings and Decision and Order are hereby issued this 23rd day of September 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

May 25, 2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-2396-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent
Review Organization. The Texas Worker's Compensation Commission has assigned this case to
Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for
medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the
adverse determination was appropriate. In performing this review, all relevant medical records
and documentation utilized to make the adverse determination, along with any documentation
and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Anesthesiology . The
Specialty IRO health care professional has signed a certification statement stating that no known
conflicts of interest exist between the reviewer and any of the treating doctors or providers or any
of the doctors or providers who reviewed the case for a determination prior to the referral to
Specialty IRO for independent review. In addition, the reviewer has certified that the review was
performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This is a 31 year old male with a diagnosis of "failed lumbar syndrome" who underwent a caudal
injection of local anesthetic, steroids and hyaluronidase to lyse adhesions. He was given
intravenous sedation to facilitate cooperation with the procedure.

DISPUTED SERVICES

The items in dispute are: Breathing Circuit, Infusion-DSW, Unlisted Eval, Injections:
Midazolam and Hyaluraonidase, Betamethasone, Ketoralac Tromethmine, Ordansetron,
Dexamethasone, Fentanylcitrate, Sodium Chloride.

DECISION

The reviewer agrees with the previous adverse determination regarding the Ondansetron,
Dexamethasone and Ketoralac Tromethmine. However, the reviewer disagrees with the previous
adverse determination regarding all other items related to this review.

BASIS FOR THE DECISION

Whenever a regional anesthetic with sedation is conducted, it is the standard of care to be
prepared to convert immediately to a general anesthetic (Principles and Practice of
Anesthesiology 2nd edition, Editor Longnecker, Chapter 48, page 1011). Therefore it is
medically necessary to have and administer:
  • Breathing Circuit
  • Infusion DSW
  • Midozalam
  • Fentanyl Citrate
  • Evaluation

To conduct a caudal injection as described, the following agents are required: Hyaluronidase,
Betamethasone and Sodium Chloride. (Racz GB, Holobec JT: Lysis of adhesions in the
epidural space: Techniques of Neirolysis, Racz GB: Klumer Academic Publishers: Boston;
1989. and Manchikanti L, Bakhit C: Percutaneous Lysis of adhesions. Pain Physician, 2000; 3:
46-64.)

There is no medical necessity for an anti emetic - Ondansetron, a second steroid – Deamethasone
intravenously, or a non steroidal anti-inflammatory agent – Ketoralac.

Specialty IRO has performed an independent review solely to determine the medical necessity of
the health services that are the subject of the review. Specialty IRO has made no determinations
regarding benefits available under the injured employee's policy.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict
between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or
entity that is a party to the dispute.

Specialty IRO is forwarding this finding by US Postal Service to the TWCC.

Sincerely,